

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90225 032 ****50.00

DOCUMENT # L01000001460

1. Entity Name

USMS, LLC

Principal Place of Business

**611 SOUTH FEDERAL HIGHWAY
 SUITE A
 STUART FL 34994**

Mailing Address

**611 SOUTH FEDERAL HIGHWAY
 SUITE A
 STUART FL 34994**

2. Principal Place of Business

215 South Federal Highway

3. Mailing Address

215 South Federal Highway

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34994

Country

Zip

34994

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1074484

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRECHBILL, MARK E CPA
 506 S. FEDERAL HIGHWAY
 SUITE 202
 STUART FL 34994**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGRM NORELL, STEVE** ☐ Delete
 STREET ADDRESS **611 SOUTH FEDERAL HIGHWAY**
 CITY-ST-ZIP **STUART FL 34994**

TITLE NAME **MGRM FIORELLA, LAWRENCE** ☐ Delete
 STREET ADDRESS **611 SOUTH FEDERAL HIGHWAY**
 CITY-ST-ZIP **STUART FL 34994**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/3/02

Date

Daytime Phone #

CR2E083 (9/01)